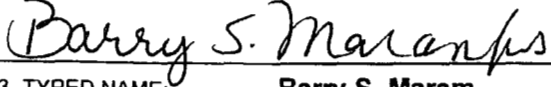



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 03-15	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: July 1, 2003	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902 (a) Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY '03 \$ 1.9 M b. FFY '04 \$ 7.5 M	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D, pages 117-118	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D, pages 117-118	
10. SUBJECT OF AMENDMENT: Methods and Standards for Establishing Payment Rates – Reimbursement to Long Term Care Facilities		
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not submitted for review by prior approval.		
12. SIGNATURE OF AGENCY OFFICIAL: 	16. RETURN TO: Illinois Department of Public Aid Bureau of Program and Reimbursement Analysis Attn: Frank Kopel, Chief 201 South Grand Avenue East Springfield, IL 62763-0001	
13. TYPED NAME: Barry S. Maram		
14. TITLE: Director of Public Aid		
15. DATE SUBMITTED		

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: SEP 30 2003	18. DATE APPROVED: APR - 5 2004
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL - 1 2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Charlene Brown	22. TITLE: Deputy Director
23. REMARKS:	

RECEIVED
SEP 30 2003
DMCH - IL/IN/OH

State Illinois

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - Reimbursement to Long Term Care Facilities

= 07/03 Notwithstanding the provisions set forth in Section 153.100, nursing facility (SNF/ICF) rates effective on July 1, 2001, ~~and each subsequent year thereafter~~, shall be computed using the most recent cost reports on file with the Department no later than April 1, 2000, updated for inflation to January 1, 2001.

- 1) The Uniform Building Value shall be as defined in III.c.7.b.x. except that as of July 1, 2001, the definition of current year is the year 2000.
- 2) The real estate tax bill that was due to be paid in 1999 by the nursing facility shall be used in determination of the capital component of the rate. The real estate tax component shall be removed from the capital rate if the facility's status changes to be exempt from assessment to pay real estate taxes.
- 3) Wages shall be calculated per III.c.4.a.i., except that wages will be updated for inflation to January 1, 2001.
- 4) Capital and support rates in effect on July 1, 2001 shall be adjusted based on audits of cost report data in accordance with III.B.3.
- 5) For rates effective July 1, 2001 only, rates shall be the greater of the rate computed for July 1, 2001 or the rate effective on June 30, 2001.

Notwithstanding the provisions set forth in Section 153.100, intermediate care facilities for the developmentally disabled (ICFs/MR), including skilled nursing facilities for persons under twenty-two (SNF/Ped), shall receive an increase in rates for residential services equal to a statewide average of 7.85%. Residential rates taking effect July 1, 2001 for services provided on or after that date, shall include an increase of 11.01 percent to the residential program rate component and an increase of 3.33 percent to the residential support rate component, each which shall be adjusted by geographic area (as defined in III.A.1.c., III.B.4, III.C.1.a., III.C.1.c., III.C.2.a., III.C.2.c., III.C.2.d., III.C.2.f., III.C.2.g., III.C.4.b.ii.(D)(1), III.C.4.b.ii.(D)(2), III.C.4.b.ii.(G), III.C.7.b.ix., III.C.7.j. and III.c.7.o.i.).

07/02 Notwithstanding the provisions set forth in Section 153.100, nursing facility (SNF/ICF) rates effective on July 1, 2002, will be 5.9% less than the rates in effect on June 30, 2002.

TN# 03-15
SUPERCEDES
TN# 02-22

APPROVAL DATE APR - 5 2004

EFFECTIVE DATE 7-1-03

State Illinois

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - Reimbursement to Long Term Care Facilities

- 4/02 Developmental training rates for individuals residing in long term care facilities taking effect July 1, 2001 for services provided on or after that date, shall include an increase of 9.05 percent to the developmental training rate which shall be adjusted by the geographical area adjuster, as defined by the Department of Human Services.
- = =07/03 ~~Notwithstanding the provisions set forth in Section 153.100, daily~~ Daily rates for intermediate care facilities for persons with developmental disabilities (ICFs/MR), including skilled nursing facilities for persons under twenty-two years of age (SNF/Ped), shall be increased by 2.247% percent for services provided on or after April 11, 2002. The rates on July 1, 2002, shall be at the same level as the rates in effect on March 30, 2002
- = =07/03 Daily rates effective on July 1, 2003, for intermediate care facilities for persons with developmental disabilities (ICF/MR), including skilled long term care facilities for persons under 22 years of age (SNF/Ped), shall be increased by 3.59 percent.
- = =07/03 Developmental training rates effective on July 1, 2003, shall be increased by 4 percent.
- 01/99 VII. Public Notice Process
- 01/99 The Department has in place a public process which complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act.

TN# 03-15
SUPERCEDES
TN# 02-22

APPROVAL DATE APR - 5 2004 EFFECTIVE DATE 7-1-03